

“Evaluate The Effectiveness of Structured Nursing Intervention On Knowledge and Practice Regarding Physiology and Management of Second Stage of Labour Among Staff Nurses in Selected PHCs’ at Bhuj-Kachchh Gujarat”

Ms. Punita Ayadi¹, Mrs. Jayshree D.R.², Dr. Ambica C.³

(II Year M.Sc. Nursing, OBG),

BMCB College of nursing, City square Township, Lakhond bhuj kachchh - 370105)

Corresponding Author Email: punitayadi05@gmail.com

Abstract:

The second stage of labour is a crucial period requiring skilled clinical judgment and timely intervention to ensure maternal and fetal well-being. Staff nurses in Primary Health Centres (PHCs) play a pivotal role in managing this phase, yet gaps in knowledge and practice persist due to limited training and continuing education. **Objective:** The objective of the study is to evaluate the effectiveness of structured nursing intervention on knowledge and practice regarding Physiology and Management of Second Stage of Labour among staff nurses in selected PHCs’. The research design adopted was pre-experimental [one group pre-test and post-test] design. The conceptual frame work for this study was based on Health belief model. The study was conducted in rural area of Bhuj – Kachchh Gujarat. Non-probability purposive sampling technique had been adopted to select the desired samples. **Methodology:** The Study Consists of 60 staff nurses in selected PHCs’ at Bhuj – Kachchh, Gujarat. Content validity of the tools was ensured by verifying it with 3 experts from nursing field and 1 expert from medical field. Purposive sampling technique was used for this study. The instrument for the data collection was a structured knowledge questionnaire related to knowledge and structured five rating scale for practice regarding Physiology and Management of Second Stage of Labour. **Results:** There was significant association between post-test level of knowledge and demographic variables such as age, gender, religion and previous information regarding Physiology and Management of Second Stage of Labour and there was significant association between the practice and demographic variable such as age, gender, religion and previous information regarding Physiology and Management of Second Stage of Labour.

Keywords: Evaluate, Effectiveness, Knowledge, Practice, Physiology and Management of Second Stage of Labour

1. Introduction:

Human birth is a normal physiological process and as such should not be life threatening to the women who experience it. However, in developing countries where pregnancy is complicated by the harsh

realities of malnutrition, poverty and the disease associated with them, giving birth dire consequences for mother and child, as a result of child birth, half a million women worldwide die annually¹.

Second stage of labour as the stage that starts from full dilatation of the cervix up to birth of the singleton baby or the last baby in multiple pregnancy. At the start of second stage, the foetal presenting part may or may not be fully engaged (meaning the widest part has passed through the pelvic brim), and the woman may or may not have the urge to push².

Maternal pushing during the second stage of labour is an important and indispensable contributor to the involuntary expulsive force developed by uterus contraction. Currently, there is no consensus on an ideal strategy to facilitate these expulsive efforts and there are contradictory results about the influence on mother and fetes³.

2. Need for the study:

During labour and delivery, the nurse midwives should administer a sensitive and appropriate care, based on the particular needs of the client and her family. They require two fold effort to assess labour progress and use personal skills to assess the client and family's needs during this physically and emotionally stressful time. The aim of the care in normal birth is to achieve a healthy mother and foetus with least possible level of interventions that is compatible with the safety⁴.

In Gujarat has risen MMR in the last three year the MMR (female deaths per 40000 live birth) in its report on general and social sector the country to audit watchdog stated that of 15 big state, Gujarat stood at a lowly 11th position “in terms of percentage of reduction of maternal death between 2004-2013. current ratio of MMR is 2011-13 (112) per 40000 live birth⁵.

The onset of the second stage based on research is an inexact science and the onset of the second stage of labour in clinical practice is often not precisely known. A woman may feel the urge to bear down before complete dilatation or she may not yet feel this urge at the moment when complete dilatation is diagnosed. If complete dilatation is found on vaginal examination, it remains uncertain for how long this cervical status has been present. Transportation from the labour room to a specific delivery room at the beginning of the second stage could be unpleasant to the woman and is unnecessary when labour is progressing normally⁶.

Objectives:

- 1.** To assess the pre test and post-test level of knowledge and practice regarding Physiology and Management of Second Stage of Labour among staff nurses in selected PHCs’ at Bhuj-Kachchh, Gujarat.
- 2.** To evaluate the effectiveness of structured nursing intervention on knowledge and practice regarding Physiology and Management of Second Stage of Labour among nurses in selected PHCs’ at Bhuj-Kachchh, Gujarat.
- 3.** To find out the association between post-test level of knowledge and practice regarding Physiology and Management of Second Stage of Labour among staff nurses and demographic variables such as age, gender, religion, marital status, professional qualification, year of experience in labour room,

source of information.

Hypotheses:

H1: There is a significant difference between the pre test and post-test level of knowledge and practice regarding Physiology and Management of Second Stage of Labour among staff nurses in selected PHCs' at Bhuj-Kachchh, Gujarat

H2: There is a significant association between the post-test level of knowledge and practice regarding Physiology and Management of Second Stage of Labour among staff nurses and their demographic variables such as age, gender, religion, marital status, professional qualification, year of experience in labour room, source of information.

3. Methodology:**Research approach:**

Quantitative research approach.

Research design:

Pre-experimental one group pre-test post-test design.

Research setting:

The study was conducted in selected PHCs' of Bhuj-Kachchh Gujarat.

Population:

- **Target population:** the target population of the study was staff nurse in selected PHCs'.
- **Accessible population:** the accessible population of the study was staff nurse who were available at the time of study in selected PHCs'.

Sample size:

The sample size was 60.

Sampling technique:

The research study was conducted by non-probability purposive sampling technique.

Data analysis plan:

The collected data was analyzed by using both descriptive and inferential statistics

Findings:

Study result depicted that 20.00% (12) staff nurses had inadequate Knowledge, 56.70% (34) staff nurses had moderately adequate Knowledge, 23.30% (14) staff nurses had adequate knowledge in pre test whereas, in post-test, 68.40 % (41) staff nurses had adequate knowledge, 23.30% (14) staff nurses had moderately adequate knowledge and 8.30% (05) Staff nurses had inadequate knowledge. The numerals shows, most of staff nurses gained adequate knowledge in post-test. Study result elicited 25.00% (15) staff nurses had unsatisfactory practice, 51.70% (31) Staff nurses had moderately satisfactory practice, 23.30% (14) Staff nurses had satisfactory practice in pre test whereas, in post-test 71.70% (43) staff nurses had satisfactory practice, 21.70% (13) staff nurses had moderately satisfactory practice and 6.60% (04) staff nurses had unsatisfactory practice. The numeral shows that staff nurses gained adequate skill practice in post-test.

The obtained 't' value is = 6.33 for pre test and post-test level of knowledge regarding Physiology and Management of Second Stage of Labour of staff nurses in selected PHCs', is statistically highly significant at $p < 0.05$ level (df=59: table value is $p = 2.00$). The obtained 't' value is = 5.17 for pre test and post-test level of practice regarding Physiology and Management of Second Stage of Labour of post staff nurses in selected PHCs', is statistically highly significant at $p < 0.05$ level (df=59: table value is $p = 2.00$). Therefore, the researcher rejected null hypothesis.

There was significant association between post-test level of knowledge and demographic variables such as age, gender, religion and previous information regarding Physiology and Management of Second Stage of Labour and there was significant association between the practice and demographic variable such as age, gender, religion and previous information regarding Physiology and Management of Second Stage of Labour.

4. Conclusion:

It can be concluded that majority of staff nurses having moderately adequate knowledge and practice regarding Physiology and Management of Second Stage of Labour of staff nurses after administration of structured nursing intervention. Physiology and Management of Second Stage of Labour may help the staff nurses for improve their knowledge and practice regarding Physiology and Management of Second Stage of Labour. Study helps to reduce the number of maternal and infant mortality rate and provide safe motherhood. Helps to provide nursing care for women during labour and birth should have the knowledge about the normal and abnormal processes of labour and birth have a mastery of appropriate technical skills, communicate and collaborate well to cope with emergency conditions.

Reference:

1. World Health Organization. (2019). Trends in Maternal Mortality: 2000 to 2017. WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Retrieved from: <https://www.who.int/publications/i/item/9789241516488>
2. National Institute for Health and Care Excellence (NICE). (2014). Intrapartum care for healthy women and babies (NICE guideline CG190). Retrieved from <https://www.nice.org.uk/guidance/cg190>
3. Lemos, A., Amorim, M. M. R., Dornelas de Andrade, A., de Souza, A. I., Cabral Filho, J. E., & Correia, J. B. (2015). Pushing/bearing down methods for the second stage of labour. Cochrane Database of Systematic Reviews, (10), CD009124. <https://doi.org/10.1002/14651858.CD009124.pub2>
4. World Health Organization. (2018). WHO recommendations: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization. Retrieved from <https://www.who.int/publications/i/item/9789241550215>
5. Comptroller and Auditor General of India (CAG). (2017). Report of the Comptroller and Auditor General of India on General and Social Sector for the year ended March 2016 – Government of Gujarat (Report No. 3 of 2017). Retrieved from <https://cag.gov.in>
6. Albers, L. L., Schiff, M., & Gorwoda, J. G. (2005). The length of active second stage of labor in normal pregnancies. Birth, 23(2), 98–103. <https://doi.org/10.1111/j.1523-536X.1996.tb00451.x>